

EMPLOYMENT APPLICATION

SANDY CITY



Please type or print clearly in ink. To insure full consideration, application must be completed, including required dates and all job related education and experience. Make sure all blanks are filled in. If question does not apply, please enter "NA" or "None". Assistance is available for the disabled if help is needed with the application/hiring process.

APPLICANT INFORMATION

| | | | | |
|----|---|--------------------|----------|---------|
| 1. | Name (last, first, MI): | Social Security #: | | |
| 2. | Other names previously used: | Email: | | |
| 3. | Current Address: | | | |
| | Street | City | State | Zip |
| 4. | Telephone: | | | |
| | Day | Evening | | |
| 5. | Do you have a valid Driver's License? | Yes ____ | No ____ | |
| | Do you have a valid Commercial Driver's License? | Yes ____ | No ____ | |
| 6. | If you have a relative(s) working for Sandy City, indicate name, relationship and department: | | | |
| | | | | |
| 7. | Are you prevented from lawfully becoming employed in this country? | | Yes ____ | No ____ |

JOB INTEREST

| | | | | |
|-----|---|----------------------------------|--------------------------------------|------------------------------------|
| 8. | Applying for (position title): | | | |
| 9. | Type of employment acceptable: Full-time ____ Part-time ____ Seasonal ____ | | | |
| 10. | Date available to start: _____ | Minimum acceptable salary: _____ | Per: <input type="checkbox"/> Hourly | <input type="checkbox"/> Bi-Weekly |
| | | | <input type="checkbox"/> Monthly | <input type="checkbox"/> Annually |
| 11. | Have you ever been employed by Sandy City? Yes ____ No ____ If yes, From: _____ To: _____ | | | |
| | Department: | Position: | | |
| | Supervisor: | Reason for Termination: | | |

REFERENCES

| | | | | |
|-----|--|------------------|-----------------------|-----------|
| 12. | List three personal references (not former supervisors or relatives) | | | |
| | Name | Title/Occupation | Address (City, State) | Telephone |
| | 1. _____ | | | |
| | 2. _____ | | | |
| | 3. _____ | | | |
| 13. | Are you willing to have your present employer contacted regarding your qualifications? | | | |
| | Yes ____ No ____ | | | |

EXPERIENCE

Beginning with your present or most recent job, describe in the boxes below, all periods of employment, such as paid (full or part-time), volunteer (full or part-time), self-employment, and/or military service. The information you give regarding your experience will be used to determine if you meet the minimum qualifications. Account for your time during any intervals of unemployment other than when attending school. Attach additional sheets if necessary, using the same format.

| | | |
|---|-----------------|------|
| Employer: | From: | To: |
| Complete Address: | Telephone: | |
| Supervisor's name and title: | Salary \$ | Per: |
| Your title: | Hours per week: | |
| Duties: | | |
| Reason for leaving or seeking other employment: | | |

| | | |
|---|-----------------|------|
| Employer: | From: | To: |
| Complete Address: | Telephone: | |
| Supervisor's name and title | Salary \$ | Per: |
| Your title: | Hours per week: | |
| Duties: | | |
| Reason for leaving or seeking other employment: | | |

| | | |
|---|-----------------|------|
| Employer: | From: | To: |
| Complete Address: | Telephone: | |
| Supervisor's name and title: | Salary \$ | Per: |
| Your title: | Hours per week: | |
| Duties: | | |
| Reason for leaving or seeking other employment: | | |

TYPING WORDS PER MINUTE (WPM)

| |
|---|
| If the position you are applying for requires a typing speed, please indicate your typing speed here: 14. WPM: _____ |
|---|

TRAINING

You must complete all applicable items on this page or your application will be rejected. The information you give regarding your training and experience will be used to determine if you meet minimum qualifications.

15. Have you graduated from high school or received an equivalency diploma (GED)? Yes_____ No_____

16. If no, select last grade completed:

17. CERTIFICATES: List job related professional or trade licenses, certificates or registrations:

| | | |
|--------|--------|------|
| Title: | State: | No.: |
| Title: | State: | No.: |

EDUCATION

| College, university, business, trade/technical school, List name & location (city) | Official Major | Number credits earned | Dates of Attendance | Did you Graduate? | Type of Degree |
|--|----------------|-----------------------|---------------------|--|----------------|
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

QUALIFICATIONS

19. Explain how you meet the minimum EDUCATION, EXPERIENCE, KNOWLEDGE, SKILLS and ABILITY requirements listed in the position description. (Attach additional pages if necessary).

20. I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE, AND THAT ANY MISSTATEMENT OF MATERIAL FACTS MAY SUBJECT ME TO DISQUALIFICATION OR DISMISSAL.

Signature/Date: _____

READ CAREFULLY BEFORE SIGNING BELOW

The following AUTHORIZATION AND RELEASE has been prepared to expedite background inquiries on employment applicants. You are not required to sign this form in order to have your application considered. However, failure to sign may impede the ability of the City to obtain information pertinent to your qualifications for employment.

AUTHORIZATION AND RELEASE

I, _____, hereby specifically authorize and direct any previous or current employers to release to the Human Resources Director of Sandy City, or his/her designee, any and all information of whatever kind possessed by them, in either verbal or written form, as Sandy City may request regarding myself, including opinions as to job performance, character, competency, honesty, ability, work injuries and safety record, and any records related to me personally, which may have been kept either public or private.

I hereby release Sandy City and its officers, agents, and employees from any liability for the use of any and all of the foregoing information, in consideration for being reviewed for the aforesaid position. I further release any previous or current employers from liability or damage which may result from furnishing the information requested. I also request that a copy of this release be treated as conveying the same authority as the signed original.

Signature

Date

Please return all completed applications to:

***Sandy City Human Resources
10000 Centennial Parkway, Suite 310
Sandy, UT 84070***

Phone: (801) 568-7151
Fax: (801) 568-6076

Web Site: www.sandy.utah.gov
E-mail: hr@sandy.utah.gov

APPLICANT DATA RECORD

The information requested on this sheet is voluntary. This information will assist the City in applicant tracking, reporting, and other legal requirements. Failure to answer will not impact our consideration of your application. This information is used for statistical purposes only and will not be attached to your application.

- | | | | | | | |
|---------|---|------------------|-------------------------------|---------------------------------|---|--|
| 1. Race | <input type="checkbox"/> American Indian | 2. Sex | <input type="checkbox"/> Male | <input type="checkbox"/> Female | 7. How did you find out about this position? | |
| | <input type="checkbox"/> Asian/Pacific Islander | 3. Disabled | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Job Interest Card/Email |
| | <input type="checkbox"/> Black | 4. Veteran | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Job Services | <input type="checkbox"/> City Hotline |
| | <input type="checkbox"/> Hispanic | 5. Disabled. Vet | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> City Employee | <input type="checkbox"/> City Announcement |
| | <input type="checkbox"/> White | 6. Over 40 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> College Placement Center | |
| | | | | | <input type="checkbox"/> Sandy City Website | |
| | | | | | <input type="checkbox"/> Other (please specify) _____ | |